



# BROWNSVILLE INDEPENDENT SCHOOL DISTRICT ADDITIONAL WORK APPROVAL FORM

DATE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_ EMPLOYEE NUMBER: \_\_\_\_\_

PAY LOCATION: \_\_\_\_\_ ADDITIONAL HOURS APPROVED: \_\_\_\_\_

ADDITIONAL WORK ACCOUNT #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

LOCATION OF ADDITIONAL WORK: \_\_\_\_\_

DATES OF ADDITIONAL WORK: \_\_\_\_\_

(DATES MUST CORRESPOND TO BEGINNING AND ENDING DATES OF CORRESPONDING TIMESHEET)

REASON FOR ADDITIONAL WORK: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FUNDING ADMINISTRATOR'S SIGNATURE

\_\_\_\_\_  
DATE

- SIGNATURES CERTIFY APPROVAL FOR THE ADDITIONAL WORK, NUMBER OF HOURS, AND ACCOUNT NUMBER LISTED ABOVE. THE ORIGINAL WITH ALL SIGNATURES MUST BE SUBMITTED TO PAYROLL ALONG WITH EMPLOYEE TIMESHEET/TIMECARD.
- A COPY MUST BE MAINTAINED AT THE CAMPUS/DEPARTMENT FOR THE CURRENT YEAR AND TWO PRIOR YEARS.